



DEPARTMENT OF HEALTH

Jean M. Hudson, M.D., M.P.H.
Commissioner of Health
124 Main Street
Goshen, New York 10924-2199

M.J. Schleifer, P.E.
Assistant Commissioner

Edward A. Diana
County Executive

Environmental Health (845) 291-2331
Fax: (845) 291-4078

November 23, 2004

David Weinberg
LMCB - 940 South Ave.
Westfield, NJ 07090

Re:
**Approval of plans &
specifications for:
W.M. Ext. to serve
Covington Estates
T. New Windsor**

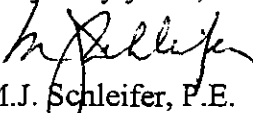
Dear Mr. Weinberg:

We have this day approved the plans and specifications submitted by Engineering Properties, P.C., for the above mentioned project.


Application for this project was duly made by you and received in this office on November 15, 2004.

We are enclosing a Certificate of Approval. A copy of the approved plans and specifications is being retained in our files and the remaining sets are being returned to your engineer.

Very truly yours,

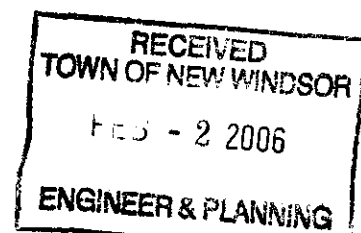

M.J. Schleifer, P.E.
Assistant Commissioner

MJS/ajc

cc:  Engineer
File

Enc.

waterapproval



BUREAU OF PUBLIC WATER SUPPLY PROTECTION
FLANIGAN SQUARE
547 RIVER STREET
ROOM 400 - 4TH FLOOR
TROY NY 12180-2216

Approval of Plans for Public Water Supply Improvement

This approval is issued under the provisions of 10 NYCRR, Part 5:

1. Applicant LAND MASTER COMMUNITY BUILDERS	2. Location of Works (C, V, T) T. NEW WINDSOR	3. County ORANGE	4. Water District (Specific Area Served) WATER DISTRICT #5
5. Type of Project			
<input type="checkbox"/> 1 Source <input type="checkbox"/> 3 Pumping Units <input type="checkbox"/> 5 Fluoridation <input checked="" type="checkbox"/> 7 Distribution			
<input type="checkbox"/> 2 Transmission <input type="checkbox"/> 4 Chlorination <input type="checkbox"/> 6 Other Treatment <input type="checkbox"/> 8 Storage			
<input type="checkbox"/> 9 Other			
Remarks: INSTALLATION OF 2,225 LF OF 10" DI PIPE WATERMAIN, VALVES, HYDRANTS & APPURTENANCES TO SERVE 124 RESIDENTIAL UNITS OF COVINGTON ESTATES.			


By initiating improvement of the approved supply, the applicant accepts and agrees to abide by and conform with the following:

- a. THAT the proposed works be constructed in complete conformity with the plans and specifications approved this day or approved amendments thereto.

ISSUED FOR THE STATE COMMISSIONER OF HEALTH

NOVEMBER 23, 2004

Date


_____, P.E.
Designated Representative
M.J. SCHLEIFER, P.E., ASSISTANT COMMISSIONER
O.C. DEPT. OF ENV. HEALTH
124 MAIN ST GOSHEN NY 10924

Name and Title (print)

General

6. Type of Ownership		<input checked="" type="checkbox"/> 68 Private - Other	<input type="checkbox"/> 1 Authority	<input type="checkbox"/> 30 Interstate
<input type="checkbox"/> Municipal	<input type="checkbox"/> Commercial	<input type="checkbox"/> Private - Institutional	<input type="checkbox"/> 19 Federal	<input type="checkbox"/> 40 International
<input type="checkbox"/> Industrial	<input type="checkbox"/> 9 Water Works Corp.	<input type="checkbox"/> 26 Board of Education	<input type="checkbox"/> 20 State	<input type="checkbox"/> 18 Indian Reservation
7. Estimated Total Cost \$189,000		8. Population Served 370		9. Drainage Basin SILVER STREAM
10. Federal Aid Involved?		11. WSA Project?		
<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		

Source N/A

12. <input type="checkbox"/> Surface Name _____ Class _____ <input type="checkbox"/> Ground Name _____ Class _____		13. Est. Source Development Cost
14. Safe yield GPD	15. Description	

Treatment N/A

16. Type of Treatment			
<input type="checkbox"/> 1 Aeration	<input type="checkbox"/> 4 Sedimentation	<input type="checkbox"/> 7 Iron Removal	<input type="checkbox"/> 10 Softening
<input type="checkbox"/> 2 Microstrainers	<input type="checkbox"/> 5 Clarifiers	<input type="checkbox"/> 8 Chlorination	<input type="checkbox"/> 11 Corrosion Control
<input type="checkbox"/> 3 Mixing	<input type="checkbox"/> 6 Filtration	<input type="checkbox"/> 9 Fluoridation	<input type="checkbox"/> 12 Other
17. Name of Treatment Works	18. Max. Treatment Capacity GPD	19. Grade of Plant Operator Req.	20. Est. Cost
21. Description			

Distribution

22. Type of Project		23. Type of Storage N/A		24. Est. Distribution Cost
<input type="checkbox"/> 1 Cross Connection	<input checked="" type="checkbox"/> 3 Transmission	Elevated _____ Gals.		\$189,000
<input type="checkbox"/> 2 Interconnection	<input type="checkbox"/> 4 Fire Pump C12	Underground _____ Gals.		
25. Anticipated Distribution				26. Designed for fire flow?
System Demand: Avg. 27,900 GPD Max. 55,800 GPD				<input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
27. Description				
INSTALATION OF 2,225 LF OF 10" DI PIPE WATERMAIN, VALVES, HYDRANTS & APPURTENANCES TO SERVE 124 RESIDENTIAL UNITS OF COVINGTON ESTATES.				